U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 18		2. Fiscal Year Covered From:				
			01/01/20	04 Through	: 12 / 31	/ 2004
3. Name and address of person filing.		Name, file number, and address of labor organization.				
Name Al L Jones		Name Teamsters Local Union 886				
		Labor Oi	rganization File Num	ber 029-8	835	
P.O. Box, Bldg., Room No., if any P.O. Box 950200		P.O. Box, Building and Room Number, if any				
Street (Street	Street 3528 W. Reno			
City Oklahoma City			City Oklahoma City			
State Oklahoma	ZIP Code + 4 73195-0200	State [0klahoma		ZIP Code + 4	73107-6136
5. Position in labor organization.	Assistant Business Agen	entral tradition of contrate about conserve	00 1 mg 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	monty (company) and or for force more manufactured and the force of th	digi di Silinga di Malaggi di Sadia Addissi sana di Silance a Lidani (Sala na sana	
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A. Held an interest in, engaged in tr	ing the past fiscal year, you or your spo (except as specified in the exclu- ansactions (including loans) with, or	usions set for derived inco	rth in the instructions): omic benefit of	F	interests
A. Held an interest in, engaged in tr monetary value from an employer	(except as specified in the exclu ansactions (including loans) with, or whose employees your organization	derived inco	ome or other econo onts or is actively s): omic benefit of eeking to repre	f esent.	interests
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Telephone Number

Name of Person Filing A1 Jones	File Number U-					
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer					
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. N/A					
Street	11.b. Approximate dollar value of such dealing.	none -0-				
City	12.a. Nature of interest held or income received.	Or the proof of the control of the c				
State ZIP Code + 4	n/A	Negata de menter nice en centre de consecución de se deservidos de consecución de				
	12.b. Amount.	none -0-				
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.						
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.					
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	N/A					
12 h la the Duninger on Employer	14.b. Amount of payment.					
13.b. Is the Business an Employer or Consultant ?		none -0-				